7016

RULE 13 ANNUAL REPORT

State Form 51278 (R / 5-03)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

NOTE:

- In order to comply with 327 IAC 15-13-18, annual reports must be submitted to the Indiana Department of Environmental Management. Failure to submit this form will be considered noncompliance with your permit.
- For the first five (5)-year permit term, this completed form must be submitted by 1 year from the SWQMP – Part C submittal date and, thereafter, 1 year from the previous report (i.e., in years two (2) through five (5) of permit coverage).
- In the second and subsequent five (5)-year permit terms, this
 completed form must be submitted in years two (2) and four (4)
 of permit coverage, by 1 and 3 years from the SWQMP Part C
 resubmittal date.
- Please type or print in ink.
- Please answer all questions thoroughly and return the form by the due date.
- Return this form and any required addenda to the IDEM Rule 13
 Coordinator at the address listed in the box on the upper-right.

For questions regarding this form, contact:

IDEM – Rule 13 Coordinator 100 North Senate Avenue, Rm 1255

P.O. Box 6015

Indianapolis, IN 46206-6015 Phone: (317) 234-1601 or

(800) 451-6027, ext. 41601 (within Indiana)

Web Access:

http://www.IN.gov/idem/water/compbr/wetwthr/storm/rule13.html

| YEAR (Check one) |
|--|
| ☐ 2005 ☐ 2006 ☐ 2007 ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011 ☐ 2012 ☐ 2013 |

| | PART A: GENERAL INFOR | MATION - MS4 OPERATOR | |
|----|--|------------------------|---------|
| 1. | Report Completed By: (MS4 Operator — i.e., name of permit hole) | der) | |
| 2. | Permit Number: INR 0 0 | | |
| 3. | Mailing Address | | |
| | Street Address: | | |
| | City Fown Of: | Zip: | County: |
| | BART B. CENERAL INFORM | ATION CONTACT REPOON | |
| 4. | Contact Person Name (please print): | ATION – CONTACT PERSON | |
| 5. | Contact Person Title: | | |
| 6. | Phone Number: | | |
| 7. | Facsimile Number (if applicable): | | |
| 8. | E-mail Address (if applicable): | | |

| | PART C: CONTROL MEASURE ACTIVITIES |
|----|---|
| 9. | For the following items, please provide a summary of control measure activities related to Rule 13 performed during the previous year. |
| | List any updated measurable goals from the SWQMP, compliance activities, BMPs installed or initiated, updated programmatic indicator data, and updated or developed regulatory mechanisms with effective dates. |
| | a. Public Education and Outreach: |
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| State FUIII 31270 (R / 3-03) | |
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| State Form 51278 (R / 5-03) b. Public Involvement and Participation: | |
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| c. Illicit Discharge Detection and Elimination | n: |
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| d. Construction Site S | orm Water Run-off Control: | |
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| e. | Postconstruction Storm Water Management in New Development and Redevelopment: |
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| f. Pollution Prevention and Good Housekeeping for Municipal Operations: | |
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| State Form 51278 (R / 5-03) | 1 |
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| g. Other controls: | |
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| 10. List all receiving water(s) and corresponding outfall(s) not submitted in the original NOI letter (form): | |
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INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER QUALITY State Form 51278 (R / 5-03)

| 11. Provide any data regarding the following programmatic indicators, since the previous annual report (Attach separate sheets as necessary and indicate, as appropriate, the rationale behind not using a listed indicator): | | |
|--|-------|---|
| | i. | Number or percentage of citizens that have an awareness of storm water quality issues |
| | ii. | Number and description of meetings, training sessions, and events conducted to involve citizens |
| | iii. | Number or percentage of citizens that participate in storm water quality improvement projects |
| | iv. | Number and location of storm drains marked or cast |
| | ٧. | Estimated linear feet or percentage of MS4 conveyances mapped |
| | vi. | Number and location of MS4 area outfalls mapped |
| | vii. | Number and location of MS4 area outfalls screened for illicit discharges |
| | viii. | Number and location of illicit discharges detected |
| | ix. | Number and location of illicit discharges eliminated |
| | Х. | Number of, and amount of material collected from, HHW collections |
| | xi. | Number and location of citizen drop-off centers for automotive fluids |
| | xii. | Number or percentage of citizens that participate in HHW collections |
| | xiii. | Number of construction sites permitted for storm water quality |
| | xiv. | Number of construction sites inspected |
| | XV. | Number and type of enforcement actions taken against construction site operators |
| | xvi. | Number of public informational requests received related to construction sites |
| | xvii. | Number, type, and location of structural BMPs installed |
| | | |

xviii. Number, type, and location of structural BMPs inspected xix. Number, type, and location of structural BMPs maintained, or improved Type and location of nonstructural BMPs utilized xxi. Estimated acreage or square footage of open space preserved and mapped xxii. Estimated acreage or square footage of mapped pervious and impervious surfaces xxiii. Number and location of retail gasoline outlets or municipal, state, federal, or institutional refueling areas with installed BMPs xxiv. Number and location of entity facilities that have containment for accidental releases Estimated acreage or square footage and location where pesticides, herbicides and fertilizers are applied by the entity xxvi. Estimated linear feet or percentage and location of unvegetated swales and ditches that have an adequately sized vegetated filter strip xxvii. Estimated linear feet or percentage and location of MS4s cleaned or repaired Estimated linear feet or percentage and location of roadside shoulders and ditches stabilized XXVIII. xxix. Number and location of storm water outfall areas remediated from scouring conditions xxx. Number and location of de-icing salt and sand storage areas covered or otherwise improved to minimize storm water exposure xxxi. Estimated amount, in tons, of salt and sand used for snow and ice control xxxii. Estimated amount of material collected from catch basin, trash rack, or other structural BMP cleaning xxxiii. Estimated amount of material collected from street sweeping xxxiv. Number or percentage and location of canine parks sited at least 150 feet away from a surface water body xxxv. Other

| | PART D: MISCELLANEOUS INFORMATION |
|-----|--|
| 12. | On-Going Water Quality Characterization Activities |
| | a) Monitoring Data (submit summary of appropriate results): |
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| | b) Other: |
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| 13. | Discuss any problems encountered during this period (include any BMP changes in response to problems encountered). |
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| 14. | Identify any new funding source(s) for implementing this permit. |
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| 15. | Identify any non-routine (i.e. do not include routine maintenance or cleaning) budgetary transactions related to your permit. List all storm water improvement projects started during this reporting period. |
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| 16 | Provide a summary of complaints received and the follow-up actions taken in reference to storm water quality issues. |
| 10. | riovide a summary of complaints received and the follow-up actions taken in reference to storm water quality issues. |
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| INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WATER QUALITY | RULE 13 ANNUAL REPORT |
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| State Form 51278 (R / 5-03) | |
| 17. Implementation status: a. Are the six minimum control measures being implemented within the compliance schedule and SWQMP ☐ Yes ☐ No* * If no, explain: | timetables? |
| b. Do you foresee any problems which may affect full implementation of all the measures? □Yes □No* * If yes, explain: | |
| c. Are the six minimum control measures meeting percent reduction goals specified in the SWQMP? Yes | |
| | |
| PART E: CERTIFICATION AND SIGNATURE | |
| ► The individual completing this report, listed in "PART A: GENERAL INFORMATION – MS4 OPERATO certification statement: | R" must sign the following |
| "By signing this Rule 13 annual report, I hereby certify under penalty of law that this document and a prepared under my direction or supervision in accordance with a system designed to assure that properly gather and evaluate the information submitted. Based on my inquiry of the person or perso system, or those persons directly responsible for gathering the information, the information submitted knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties information, including the possibility of fine and imprisonment for knowing violations." | qualified personnel ns who manage the is, to the best of my |
| Type or Print Name: | |
| Signature: Date: _ | (mm/dd/year) |